

USEPA  
290 BROADWAY  
NY, NY

**NOTIFICATION OF DEMOLITION AND RENOVATION**  
**PAL JOB # 16-1217**

Operator Project #	Postmark	Date Received	Notification #		
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): <b>O – Original</b>					
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):					
<b>OWNER NAME: RXR 530 Fifth Office Owner LLC</b>					
Address: 530 Fifth Avenue 3 <sup>rd</sup> Floor					
City: New York	State: NY	Zip: 10036			
Contact Name: Nicholas Mather	Telephone: 212-840-2057				
<b>REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services</b>					
Address: 11-02 Queens Plaza South					
City: Long Island City	State: NY	Zip: 11101			
Contact Name: Aric Domezick	Telephone: 718-349-0900				
<b>OTHER CONTRACTOR:</b>					
Address:					
City:	State:	Zip:			
Contact Name:	Telephone:				
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): <b>R</b>					
IS ASBESTOS PRESENT? (YES NO) <b>YES</b>					
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)					
Building Name:					
Address: <b>530 5<sup>th</sup> Avenue</b>					
City: <b>New York</b>	State: <b>NY</b>	Zip: <b>10036</b>			
Site Location: <b>23<sup>rd</sup> &amp; 24<sup>th</sup> Floor</b>					
Building Size: <b>446,678 Square Feet</b>	# of Floors: <b>26</b>	Age in Years: <b>59</b>			
Present Use: <b>Commercial</b>	Prior Use: <b>Commercial</b>				
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy					
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below	
		CAT I	CAT II	UNIT	
Surface Area: <b>Pipe Insulation</b>	<b>200</b>			Linear Feet: <b>X</b>	Ln M:
Surface Area: <b>Mastic</b>	<b>210</b>			Square Feet: <b>X</b>	Square Meter:
Volume RACM off Facility Component				CuFt:	Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)	Start: <b>04/25/2016</b>		Complete: <b>04/01/2017</b>		
Scheduled Dates Demo/Renovation (mm/dd./yy)	Start:		Complete:		

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:		
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.		
<b>WASTE TRANSPORTER #1</b>		
Name: Tri State Transfer Associates		
Address: 1199 Randall Avenue		
City: Long Island City	State: NY	Zip: 10474
Contact Name: Jimmy Byrne	Telephone: 718-617-0771	
<b>WASTE TRANSPORTER #2</b>		
Name: ATC		
Address: 2 Moriches Middle Island Road		
City: Shirley	State: NY	Zip:
Contact Name: Kenny Smith	Telephone: 631-924-5050	
<b>WASTE TRANSPORTER #3</b>		
Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services		
Location: 11-02 Queens Plaza South		
City: Long Island City	City: Long Island City	City: Long Island City
Telephone: 718-349-0900		
<b>Disposal Facility</b>		
Name: Minerva Enterprises		
Location: 9000 Minerva Road, SE	Location: 9000 Minerva Road, SE	
City: Waynesburg	State: OH	Zip: 44688
<b>FOR EMERGENCY RENOVATIONS</b>		
Date and Hour of Emergency (mm/dd./yy)		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.		
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)		
Signature of Owner/Operator	<u>04/07/2016</u>	Date
I certify that the above information is correct		
Signature of Owner/Operator	<u>04/07/2016</u>	Date